

**RECEIVED
CENTRAL FAX CENTER**

JUN 27 2007

FEE TRANSMITTAL

Attorney Docket No.	Q137-US4
First Named Inventor:	TSUKAMOTO, Hisashi et al.
Application Number	10/666,340
Filing Date:	September 17, 2003
Examiner Name:	1745
Group/Art Unit:	Dah-Wei D. Yuan

TOTAL AMOUNT OF PAYMENT:		\$ 940.00
METHOD OF PAYMENT (check One)		1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

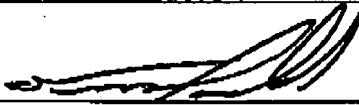
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	48 - 20 =	28	X \$50.00	X \$25.00	\$700.00
Independent Claims	3 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$700.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
One Month Extension of Time	\$	\$	\$ 60.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$240.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	6/27/2007

**RECEIVED
CENTRAL FAX CENTER**

JUN 27 2007

FEES TRANSMITTAL

Attorney Docket No.	Q137-US4
First Named Inventor:	TSUKAMOTO, Hisashi et al.
Application Number	10/666,340
Filing Date:	September 17, 2003
Examiner Name:	1745
Group/Art Unit:	Dah-Wei D. Yuan

TOTAL AMOUNT OF PAYMENT:	\$ 940.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC X Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

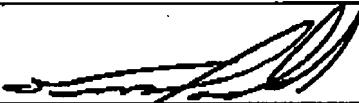
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	48 - 20 =	28	X \$50.00	X \$25.00	\$700.00
Independent Claims	3 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$700.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
One Month Extension of Time	\$	\$	\$ 60.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$240.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	6/27/2007